

CCS HCS SB 607 -- PUBLIC ASSISTANCE PROGRAMS

This bill requires the Department of Social Services, by January 1, 2017, to contract with a private vendor to verify that eligibility requirements are being met by recipients of public assistance, including Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Child Care Assistance; and MO HealthNet. The department will retain final determination of eligibility. The department and the contractor are required to file an annual report with the Governor and the General Assembly regarding the eligibility data.

Beginning July 1, 2016, and subject to appropriations, the bill requires the MO HealthNet Division within the Department of Social Services to reimburse eligible providers, including psychologists of behavioral, social, and psychophysiological services, including psychologists for the prevention, treatment, or management of physical health problems. A provider must be reimbursed utilizing the specified behavior assessment and intervention reimbursement codes or their successor codes under the Current Procedural Terminology coding system maintained by the American Medical Association.

The bill modifies the Joint Committee on MO HealthNet to create a permanent Joint Committee on Public Assistance to study, monitor, and review the efficacy of public assistance programs within the state, determine the level and adequacy of resources needed for the programs, and develop recommendations on the public assistance programs and on promoting independence from safety net programs among recipients as may be appropriate. The committee must receive and obtain information from the departments of Social Services, Mental Health, Health and Senior Services, Elementary and Secondary Education, and any other department as applicable, regarding specified information. The directors of the departments of Social Services, Mental Health, and Health and Senior Services must each submit an annual written report providing data and statistical information regarding the caseloads of such department's employees involved in the administration of public assistance programs.

The committee must meet at least twice a year and a portion of the meeting must be set aside for public testimony. The committee is authorized to hire staff and enter into employment contracts to conduct special reviews or investigations of the state's public assistance programs. The committee must conduct an annual rolling five-year forecast of the state's public assistance programs and make recommendations to the General Assembly.

The bill permits an eligible provider to receive MO HealthNet supplemental reimbursement to the extent provided by law in

addition to the rate of payment that the provider would otherwise receive for Medicaid ground emergency medical transportation services. A provider must be eligible for Medicaid supplemental reimbursement if the provider meets specified characteristics during the state reporting period and an eligible provider's Medicaid supplemental reimbursement must be calculated and paid as specified in the bill. An eligible provider, as a condition of receiving supplemental reimbursement, must enter into and maintain an agreement with the designee of the Department of Social Services for the purposes of implementing the provisions of the bill and reimbursing the department for the costs of administering these provisions. The non-federal share of the supplemental reimbursement submitted to the Centers for Medicare and Medicaid Services for purposes of claiming federal financial participation must be paid and certified as specified in the bill.

The bill delineates the process for when an applicable governmental entity elects to seek supplemental reimbursement on behalf of an eligible provider owned or operated by, or contracted with the entity.

The bill authorizes the department to seek any necessary federal approvals for the implementation of the provisions of the bill and permits the department to limit the program to those costs that are allowable expenditures under Title XIX of the Social Security Act.

The bill authorizes the department to design and implement in consultation and coordination with eligible providers an intergovernmental transfer program relating to ground emergency medical transport services, including specified services, in order to increase capitation payments for the purpose of increasing reimbursement to eligible providers. A provider is eligible for increased reimbursement under this section only if the provider meets certain conditions in an applicable state fiscal year. To the extent intergovernmental transfers are voluntarily made by and accepted from an eligible provider or a governmental entity affiliated with an eligible provider, the department must make increased capitation payments, as specified in the bill, to applicable MO HealthNet managed care plans and coordinated care organizations for covered ground emergency medical transportation services.

The intergovernmental transfer program must be implemented on the date federal approval is obtained, and only to the extent intergovernmental transfers from the eligible provider, or the governmental entity with which it is affiliated, are provided for this purpose. The department must implement the intergovernmental transfer program and increased capitation payments on a retroactive basis as permitted by federal law. Participation in the

intergovernmental transfers is voluntary on the part of the transferring entities for purposes of all applicable federal laws.

The bill specifies conditions of participation for MO HealthNet managed care plans, coordinated care organizations, eligible providers, and governmental entities affiliated with eligible providers. The provisions of the bill must be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized, and any necessary federal approvals have been obtained. To the extent that the director of the department determines that the payments made under the provisions of the bill do not comply with federal Medicaid requirements, the director retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments as necessary to comply with federal Medicaid requirements.

The bill also repeals a section of law relating to a rolling five-year MO HealthNet forecast conducted by the Legislative Budget Office.